

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

## TRANSFER CHART REVIEW

hFYES TA-8 on

3490602 b28

EVERY ENTRY **MUST BE DATED AND SIGNED**

DATE			
4/13/06	NEW FACILITY: C76		
C76	D.O.C. ADMISSION DATE 2/11/06	STATE TRANSFER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
35	RPR DOCUMENTED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2 pm	UA DOCUMENTED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	PPD DOCUMENTED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HISTORY COMPLETE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	PHYSICAL EXAM COMPLETE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	ALLERGIES		
	MEDICAL PROBLEMS	FOLLOW UP DATE: <i>ACL SLIP &amp; ANKLE INJURY C NERVE damage (2002)</i> → Come for ambulation	
	NEW LABS ORDERED: (LIST)		
	CONSULTS PENDING: (LIST)		
	MEDICATIONS RENEWED: (LIST)		
	MENTAL HEALTH FOLLOWUP	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE
	PT CALLED TO CLINIC	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	DISP: <i>JGP</i>	<input type="checkbox"/> DETOX	<input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> URGI
	OK FOR FOOD HANDLERS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	COMPLETED BY: <i>[Signature]</i>	4/13/06	



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

## PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Reyes, Jason  
349 06 02628  
DOB 1-13-83

DATE	OBSERVATIONS
	Admission Note
4/18/06	
Nic Don 6pm	S: 23 y/o ♂ pt admitted to Nic DIA via Bellevue c C-76 c red DF of RSD (Reflex Sympathetic Dystrophy) pt states his lower limb was crushed c a forklift 4 years ago at Home Depot resulting in this debilitating condition. This RSD condition is characterized by pain, uncontrolled twisting   spasm and weakness. pt denies any other major medical problems; he admits to recent depression and is on medication RT the physical effects of RSD and it's associated life style changes.
	O: pt seen in w/c in TR Room he c/p pain '9' on the pain scale, involuntary muscle spasm's observed in (C) (LW) extremity, pt quite verbal and appear to be adequately informed re: this disease entity. U.S. does not



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	w/c BP 118/78 P86 R16 T98.8 WT 201 lbs and stated height of 5'8" was recorded.
	A: (i) impaired mobility (ii) altered comfort (Pain) (iii) Risk for injury all related to this dx of RSD.
	P: medicated for pain w/c for mobility and exercise reasonable Caution to avoid falls and any further injury. Pt. was counseled to respect to medication and meal times, Pt instructed to requested mea, NSq. assistance when deemed necessary. On duty MD to evaluate and write Rx orders.



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CORRECTIONAL HEALTH SERVICES

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Reyes Jason

3490602628

1/13/83

DATE	OBSERVATIONS
4/18/86	MD admitting Note Mr. - D.A. This is a 22 yo ♂ with H/o Reflex sympathetic dystrophy was transfer from RVH because pt is having ambulatory difficulty and needs w/c Allergy: Fenfluramine Smoking declines Social: ♂ smoking φ illicit drugs Pt was seen and evaluated AAD P 9/10 Vitals: 118/78 86 16 98°
	Hesitant personality Neck supple shrt good air entry B/l, (+)Gymnastics Heart S. S. Regula abd soft, n/c B/l ext no edema (P) pulse (+) by palpation A/p. Reflex sympathetic dystrophy will give pt meds as recommended.
	Nervous 300 mg R.I. oxygen in to → Pr o2 121 + step down Lidoderm patch on left p., cymbalta 30 mg dil x 2wks new consultation sub H.A. Regular diet
	Habib Kamkhaji, MD 



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DATE	OBSERVATIONS
4/18/06	PA Note -
4/18/06	23 yr old admitted to NCI earlier today Bun 9.6 g/dL reflex sympathetic dystrophy PMH: 3/1 left ankle sprain
	# See my 5 c/w 118/72 HR 86, 16
	Neuro 3 in wheelchair secondary to reflex sympathetic dystrophy Oxygen saturation 100% & 120 Neurology 3rd - T12 Lidocaine patch Gentrolan 400 mg Neuro follow-up # exercise 30 min encourage compliance # instructed to walk and still off crutches in casts
4/19/06	Mrs
60	sinus rhythm
DGA	0 no changes in general condition BP 104/80 72-16 T97° Medicated
A	File a health maintenance
P	Continue Z. Doc
	Credit hours 0

NYC 0000031



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CORRECTIONAL HEALTH SERVICES

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Reyes Jason  
349 06 02 628

DATE	Nurses note	OBSERVATIONS
4/19/06 A49 D28	S- Pt on no antibiotic - due of sympathetic dystrophy . Pt & treatment ordered / pain P- Rx oxycontin 20mg tds and lidocaine patch - pt still c/o pain med not sufficient. Instructed for reevaluation by primary care provider	J Smith RN
4/21/06	PA NOTE	
1030am	23 yo ♂ admitted to mcs 4/18/06 on 4/18/06 reflex sympathetic dystrophy pmx slg severe left mch sprain pt seen for foll-up / pain managed currently taking; Oxycontin 30mg q 12 hours Neurocrin 300mg TID Cymbalta 75 mg QD Lidocaine patch	
	pt seen in mcs - requests meds as given by pain mgmt clinic Pt report of good pain control < 10. than mcs/dys As per pain mgmt clinic: Oxycontin 30 mg q 12 hours Cymbalta 60 mg QD Pramipex 200 mg QD L-J. JCN patch will T cymbalta from 75 mg to 60 mg QD will order pramipex 200 mg QAM	
	M	Neuro consult pending - pt edentulous pt instructed not to med staff of on charge in cont

7/1/06



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CORRECTIONAL HEALTH SERVICES

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DATE	OBSERVATIONS
4/24/06	PANCS
NR22A	23 yr ♂ num. 114 + NHC 4/18/06 Bun alc 4/17/06 reflex sympathetic dystrophy PMH Sl, lcr, mth sprai
1050M	pt has report of pain p mew change 4/21/06 12hr, 99.8°C 1C 1.0003 in withdrawal
	HCCM pac tear
	chd chd center
	card SC negal
	ABG 9.6% O2 base sat
	ext NOLE edent/deciduous
11	<u>Reflex Sympathetic Dystrophy</u> Oxycontin 20 - Q 12 hours Neurontin 300 - TFM Cymbalta <del>40</del> 60 - qd Lidocaine patch prudigil 200 - qd Neuro consult pending pt educate given pt instructed not to self inj of q days incanter clear for transfer over 3
	Adriana Vives, MD
	James Patrick, RPA



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## PROGRESS NOTE

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REFS, T4305

349 0602GL8

DATE	OBSERVATIONS
4/25/06	52 PM NOTE NLC B. S REQUEST SIDE RATES FOR ADC 3/20/1 HELP IN MOVEMENT ① ORIENT X 3 FULL RANGE. AFFECT WORK WELL A) PAIN & REFLEX SYMPTOMATIC OF STROKE ② MENS (TRANSMISSIVE) REGION PAIN PRESENTING OUT CONTR LYMMAINT, PROLIGIC P+ ED MUSCA FUTUR / UNPREDICTABLE
	<i>Harjinder Bhatti MD</i> <i>TS</i> <i>Thomas Schwanner PA</i>
4/26/06	52 NLC B. S CLO ITLL TO BACK 2/20 REQUEST IN MANTRESS ① BC 128/72 19.5 & 14 11am - DR / LUNG CT MANTRESS = hyperkeratotic papules (few) A) DERMATITIS ② HC II CEFAM TOPIM MANTRESS B10 & 14Q P+ ED SRN CEE NOTE FOR IT MANTRESS SUBMITTER P+ ED NO 128 ETC AS IN UNPREDICTABLE
	<i>Harjinder Bhatti, MD</i> <i>TS</i> <i>Thomas Schwanner, PA</i>



**DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
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## **PROGRESS NOTE**

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REFS., TTS 00  
344 UC02628

DATE	OBSERVATIONS
4/27/06	PA NOTE NLLA <sub>2</sub> CITRONIC PAIR MGR (RENEWAL) 9:30 AM OXYCONTIN SR 200 mg (P> BID x 7d) CYPRALETA 60 mg (P> QD x 7d) PROVIGIL 200mg (P> QAM x 7d)
	Harjinder Brar, MD Thomas Schwaner, PA
5/3/06	PA NOTE <del>12:45 PM - PA PAIR REQUESTED IN MURKIN</del> <del>- NOTE ON THE MATRICES WAS WRITTEN + 100.</del> SINCE YEA
	Thomas Schwaner, PA
5/3/06	SL 17 Noise NLLA <sub>2</sub> REQUEST MURKIN TO BE GIVEN Q6HS LTSPM AS FOR SLERAPAN BY PNP - REQUEST TO SEE PRACTITIONER - DENTITION IN FUDG GIVES IT IN MURKIN AND COMBINATION OCCURS WITH THE MEAS NOT ANY GOUT OCCURS IN 1051 A FEW TIMES - PPSLS WHICH NO REASONABLE ② T 98 BL 120/20 190 R+T NHL DRUGS prior to clear below clear



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REFS, JNSN  
344 06 02628

DATE	OBSERVATIONS
5/4/06	<p>AN AS norm no asterisk soft m/s tend.</p> <p>APPEARS NEUTRAL EXAM</p> <p>(+) 1/2 MILD ANSFA ON NOW</p> <p>NORM ABN EXAM</p> <p>(+) PT ED / MILD EVAL IF ILL/UNPSTANDS</p>
	<i>Thomas Schwaner, PA</i>
5/4/06	<p>SC ON NOTE</p> <p>NICB</p> <p>(+) STILL C LUMBAR TEND.</p>
5/5/06	<p>FFELS W/B</p> <p>(+) ORIEN. X3 FULL RANGE AFFECT</p> <p>(+) RSO STAB</p> <p>(+) CONTINUE CURRENT TX</p> <p>PT ED ON BWP/CAP</p> <p>PT CONSULT PLANNED (RSN)</p> <p>MILD EVAL IF ILL/UNPSTANDS</p>
	<i>Thomas Schwaner, PA</i>
5/5/06	<p>ON NOTE</p> <p>NICB</p> <p>MENS RHYTHM</p>
5/7	<p>GT CONCERN 20+ (0 B+) X 78</p> <p>CX MARKER 6.0 10 AM X 2</p> <p>PROTOLIN 20+ (0 am X 71</p>
	<i>Hafinder Bhatti, MD</i>
	<i>Thomas Schwaner, PA</i>



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DATE	OBSERVATIONS
5/6/06	7/1/06 1 p (S is not for sex & should not be used for sex. Medical risk intervention to date had not been done. Requirements for most extensive than that he has now, stimulating much. He has all now you told me you know. damage as well as P.T.O. neurological aspects as yet not transpired in thought c. mit you will be needed after, if medical treatment & emotional stress. (O) a few, slightly days now & still good. You asked, pt would sign a document giving you permission to update contact info at this time. e. SSI/H2 were peripheral & seen, no sign, you given & update contact info at this time. a) No significant new symptoms at this time, but (S), is expressed to med. treatment we see to this to take his own for follow up. b) I have with your consent of needs can be done. Pt expects paperwork from medical to be mailed, faxed copies only at present
	<i>Martha Fair, MHC</i>
5/10/06	SC
5/11/06	# REQUEST FOR CONSENT FOR RELEASE FOR RSN, NJD
5/15/06	# Number of contacts were taken 4/18 # C. 48 AM, 12:15 PM, 1:15 PM & 2:15 PM # International phone # MSN: 1698 1215
	RELEIF E TTERFAC



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REFS, TASR  
3490602628

DATE	OBSERVATIONS
5/9/06	<p>2 T98 BC 10/40 CP 2 A 14</p> <p>CONT' NE on 3MPC NO SWELLING</p> <p>MOUTH CLEAR TM CLEAR POSS CLEAR</p> <p>PERST P.M. PAIN</p> <p>A) PHYSICAL TYPE HEADACHE</p> <p>B) TTOXIC GS 2 CO A. 1 X 4L</p> <p>PT CL MDT EUT IF 2-4/ MN/FAST WPS</p>
	<p><i>Same jn 1/2006 Bhatti, MD</i></p> <p><i>Thomas Schwaner, PA</i></p>
5/11/06	<p>PT VDT</p> <p>NLT 03 CLOPHIL 17.5 MG</p> <p>415P OXYCONTIN 20 MG PO 800 X 7L</p> <p>CYMBALTA 60 MG PO QD X 7L</p> <p>PROVIGIL 200 MG PO QAM X 7L</p> <p>LIDOCAINE (ATC) 100 MG X 30L</p>
	<p><i>Thomas Schwaner, PA</i></p> <p><i>Malik Georges, MD</i></p> <p><i>LIC #708367</i></p>
5/11/06	<p>PT VDT SC</p> <p>NLT 03 (T-100) 100 MG OR 100 MG</p> <p>31 900 MG X 3 ERU ERU ERU ERU</p> <p>A) PMIX RSP</p> <p>B) PT ED CONTINUE CURRENT TX</p> <p>MDT EUT IF 2-4/ MN/FAST WPS</p>
	<p><i>Faisal Ali, MD</i></p> <p><i>Thomas Schwaner, PA</i></p>



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5/12/06	RPA note - sick call
Med 3 11:40 AM	S. A. - 1/6 Sender G 8.1. f am x 2 yrs. Damm from fl. Curb. Sister he wakes up yesterday & goes inside / sick
	<ul style="list-style-type: none"> <li>① PPD 11/1/88, 75, re 88-1</li> <li>② Low erythromycinuria test</li> <li>③ Total amt of names, &amp; monthly.</li> </ul> <p>A.M.C. described</p>
	<p>R. Wm. sick 8/10 x 50 Banthan sick 8/10 x 50 R.R. 88-72 am, d no improvement. bleeding on mouth</p>
	 Richard Dorf, RPA
	 Anuma Utu, MD
5/17/06	PT NOTE: Cystoscopy after neg. men patient
Med 3	LINDSAY (A-11) T. TOTUM QN x 3-2
8 AM	OX (COPTIK 22-2) 10 AM T-72, LYMPHAT 60-2 P QN PLUVONIC 20-2 10 AM X-72, T. NURSING 150-2 P T-11 X-3-2



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

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REYES, JASU

349 0602 G28

DATE	OBSERVATIONS
5/17/06	(A) NOTE
NIC 03	PATIENT WAS REFERRED TO PT 5/4/06 FOR RSN
8404	PATIENT SEEN SOC RECONFIRM FILE TIME FOR PT CONSULT PLACED 5/17/06
	<i>Faisal Ali, MD</i>
	<i>T.S.P.</i>
	Thomas Schwaner, PA
5/18/06	(A) NOTE
NIC 03	(1) ERECTILE DYSFUNCTION 2nd Dose C & 1 Dose + 1/2
1150 A	REQUEST OXYCONTIN 200MG AS (FLLRR.BP)
	BY PMN
	(2) TUE AM 130/28 P 74 R/H
	PPCR
	Heart PR 50 w/ minor CTN
	ABD TENDER C. FEW (2) LUCKS
	A) DEFENSIVE IMPLANT
	RSN
	(3) HC 1: CREAM TOPIC B/P X 14L
	PT F/L SKIN CRASH
	OIC OXYCONTIN PT F/L
	MS CONTIN 15 2 (2) B.O. X 72
	PT F/L MOIST PUT IF FC/ UNDERSTANDS
	<i>TC C7</i>
	<i>Thomas Schwaner, PA</i>



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

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DATE	OBSERVATIONS
5/18/06	Mental Health Note.
	NICO S pt stated for PSTPR, how- dorm. LVR pt, declines services. PT. / reported he spoke to MH 2, to 12:30AM anger as he was not getting the proper pain medication. PT reported he is now getting his Oxy- Contin 20mg q. Thus, he re- ported, he is no longer stressed. Denies any depression/anxiety, pt does not exhibit any symptoms of the above. pt denies any past hx. pt did report that talking w MH helped as he was frustrated Medical was not giving him proper Meds. A letter from community confirmed his pain meds. Thus, pt not in distress and not in need of MHFU.
	[REDACTED]
	[REDACTED]
	[REDACTED]
	A pt stable in dorm 3 w/ no MHFU. pt is aware how to access MH services if needed.
	P. GP dorm 3 NO MH FU.



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CORRECTIONAL HEALTH SERVICES

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REYFS, JASON

349 0602628

DATE	OBSERVATIONS
5/22/06	PA NOTE
NIC 02	CHRONIC PAIN MS & MIGRANE RESPONDS
1046P	MS CONTIN IS 3 TO 4/10 X 7/2
	CYANOSIS GOING TO 4/10 X 7/2
	PULSATILE 200/2 TO 4/10 X 7/2
	<i>Thomas Schwaner, PA</i> ✓ ✓ ✓ SCHWANER
	<i>Dr Georges MD</i>
	<i>MD</i>
5/25/06	SC PA NOTE
NIC 02	S REQUESTS TO A MS CONTIN BACK TO OXYCONTIN
1046P	STATES THAT MS CONTIN MAKES HIM NAUSEA
	+ CHEST TIGHT FEELS SAD AT TIMES REQUEST RIN
	REQUEST FOR MEDICATION FOR RSN
2	T98 BP 110/70 P 70 C 14
	PHARYNX CLEAR
	4COST RR 5m / LUNGS CLA / ABD SOFT NON-TENDER
	(L) FOOT HYPERSENSITIVE TO TOUCH
	SLIGHT HYPERALG TO CLIPPER
A	RSN ANXIETY CHRONIC CHEST TIGHTNESS
P	- NEUROLOGIST CONSULT (LALEN)
	- DIC MS CONTIN
	- OXYCONTIN 200 TO 4/10 X 7/2
NEW 11 121SP	→ TO DORM 2 FOR FURTHER EVAL



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

## PROGRESS NOTE

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REFS, TASUR

344 0602624

DATE	OBSERVATIONS
5/25/06	C10 CHEST PAIN TIGHTNESS X 4 days
NIC O <sub>2</sub>	MIN RNT CHEST & RADIATION TO RL BACK
11-	+ (R) ARM PAIN WORSE & DEEP BREATH
	C10 NUMBNESS TO RL ARM
	NOTED MIN SIGNS & EXTERIALLY NO CONTIN
	PAIN INTENSITY 8/10 AT TIMES
	NO HEAT DISFADE
	NO FAMILY Hx HEART DISEASE
	T 98 P 84 R 16 BP 120/70
	HR TUN
	PEPRA
	HEART HR 50
	HR 50
	ABD SOFT NON TENDER
	NO PERIPHERAL SWELLING
	FECO NSR ABN T-WAVE INVERSION NON SYMETRY
	T-WAVE INVERSION ALL LEADS AND ISCHEMIA
S-SURE & ERGICARE	
- EKG FAXED TO ERGICARE	
	POSSIBLE ISCHEMIC CHEST (R)
	OR IS (MASK) IN HS THAT / MONITOR
	END ARRHYTHM 115 PM LEFT 120 PM
	SCREWED THRU CH
	Faisal Ali, MD



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

## PROGRESS NOTE

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Reyes T + son  
3490602628

DATE	OBSERVATIONS
5/25/06 3/0	PT brought to TX Room C/O chest pain x 2 days, + lvert, ORiented x 3 P/T o/p Bradycardia, BP = 110/70, P = 75 R = 14 T = 98.0
5/18/06	V/S ECG done, O <sub>2</sub> 15' given by nose. Rebreather mask no longer needed. End call @ 12:50 PM A RRite 1/10 <sup>th</sup> Left @ 1:20 PM C/Pt simble alert, ORiented.
	JOB # 1587 O/P = 8625
	11/30/06 Jeanine Jean-Baptiste, RN
5/27/06	H.R.
3/wk	PT was sent to ER 2 days ago w/o CP. PT ruled out diag. Cardiogenicity. PT has flaccid reflexes sympathetic dystrophy currently asymptomatic.
	Px B: BP 130/90 IC. 90.
	Neck supple
	Chx V: - mild tenderness & 4+ STS
	STTS, no
	ABD: Sharp 3/4
	B/P: - mild tach 110
	car - o/p abd dist
	A/P - Cardiologist
	1. reflex sympathetic dystrophy
	2. - to present med.

NYC 0000044



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

4/20/06

## PROGRESS NOTE

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KEYES, TASON  
349 0602 GLS

DATE	OBSERVATIONS
4/30/06	Pt note NLCs, CHRONIC PAIN MGR 415 AM LIDOCAINE 400MG PO TABLET QD X 3D OXYCOTIN SR 20MG PO BID X 7D NEURONTIN 1000MG PO TID X 3D CYMBALTA 60MG PO QD X 7D PROVIGIL 200MG PO QAM X 7D
5/1/06	Thomas Schwaner, PA Thomas Schwaner, PA LIC #190507 M.D.
5/3/06	52 CA N/S NLCs, REPORTS PREVIOUS WHEEZE CITAIN THAT HE HAD PRIOR TO BUT NOT PATIENT IS CONSTANTLY BREATHING MARNEN DEC IN CHEST PAIN NO NOSE SECRETION & DEEP BREATH ② T98 BC 120/70 C28 R16 HEART RR 52 LUNGS CLA S2 WIT TENEX AND CHEST A CONSTIPATION HR RSD
③ Pt EL / MAINTAIN IF EL / WHEEZE AND NYC 0000045	Thomas Schwaner PA



**DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES**

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Reyes, Jason  
3490602628

HS 2B8 (Rev. 3-05)

NYC 0000046

*T. Schwaner* Thomas Schwaner, PA  
*R. Glicksman* Roslyn R. Glicksman, MD



**DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES**

## **PROGRESS NOTE**

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REFS1 TASN  
349 0602 C29

**NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**

## **PROGRESS NOTE**

Jason Reyes

34904 02628

**EVERY ENTRY MUST BE DATED AND SIGNED.**

DATE	OBSERVATIONS
6/6/06 NIC 11:05 am	<p>Client reviewed care plan in response to 2nd planning meeting ~      PT on all A's as recommended      Physical therapy since reported last night c      night PT. I advised next visit 6/1/06.      Assess CMMI grant for new cases resubmitted.      Plan - PT &amp; GYM 1W + PT</p> <p style="text-align: right;"><u>Mg6</u></p> <p style="text-align: right;">Roslyn Glicksman, MD</p>
6/6/06 NIC D3 1:10pm	<p>D/C Planning Note:</p> <p>Client seen today and was offered discharge planning services. Client reports that he does not need discharge planning services.</p> <p>Client reports that he is not homeless and currently receives \$40.00 for WORKERS COMP. Client reports that he has active health benefits. Client is scheduled to be released on 6/14/06.</p> <p>Client signed a declination form refusing all services.</p> <p style="text-align: right;">Monique Andersen, MSW D/C Planner</p>

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Jason Keyes  
349-0602628

**New York City Health and Hospitals Corporation  
Office of Correctional Health Services  
PSYCHOSOCIAL EVALUATIONS**

Patient's Name <i>Reyes, Jason</i>	Date <i>5/20/00</i>
Book & Case Number <i>3490602628</i>	NYS ID Number <i>Unknown</i>
Patient's Soc. Sec. Number	

Redacted

(Include source of referral and patient's complaint)

Pt is a 23 y/o male, referred by medical staff due to C/O of feeling depressed at time. Pt C/O of feeling depressed after his medical condition (reflex sympathetic dystrophy) + chronic pain in 2003, C/O of sadness, & energy, sleep, too much, & self esteem.

HISTORY OF PRESENT ILLNESS (Include onset of current episode, symptoms, degree of impairment in functioning, stressors experienced).

Redacted

Charge(s)

Attorney Name

Att. No.

Sentenced Conviction

Length of Stay

Discharge Date

**ARREST/ INCARCERATION HISTORY**

Date of Arrest

Charges

Conviction

Yes / No

Sentence Length

Time Served

Parole Status

Redacted

Comment How well did patient cope with prior incarceration? Explain.

Redacted

**EDUCATION HISTORY**

LAST GRADE COMPLETED

ACADEMIC FUNCTIONING

SCHOOL BEHAVIOR (Delinquency, fighting, fire setting)

Redacted

Redacted

NYC 0000050

## IV. FINANCIAL DATA / EMPLOYMENT HISTORY

PA     SSI     VA     Unemployment Insurance     OTHER (Describe) \_\_\_\_\_

EVER EMPLOYED?  REDACTED

## V. FAMILY HISTORY

FAMILY OF ORIGIN (Parents, Siblings, Ages, Significant events and relationships)

(FY)

*Redacted*

## VI. HISTORY OF PHYSICAL AND/OR SEXUAL ABUSE

A. Was there any evidence that the patient was physically abused?

(res, flashbacks or withdrawal)

B. Was there any evidence (medical exam) that the patient was sexually abused?

C. Was there any evidence that the patient physically abused other children?

*Redacted*

D. Was there any evidence that the patient sexually abused other children?

## VII. SUBSTANCE ABUSE

SUBSTANCE (Include Alcohol)    AGE BEGAN    DURATION    QUANTITY    ROUTE OF ADMINISTRATION    FREQUENCY (if any)

*Redacted*

## VIII. MEDICAL HISTORY / PROBLEMS

CURRENT MEDICAL COMPLAINTS RECORDED IN CHART

- (1) Reflex ~~Reflex~~ *hypersensitive*  
says the right  
(2) chronic pain

CURRENT MEDICATION AND ITS SIDE EFFECTS, IF ANY

*Glycantine  
Neurotropil - cymbalta*

HISTORY OF HEAD TRAUMA (Loss of consciousness or hospitalization)

*None*

## ALLERGIES

*none**Redacted*

## IX. PSYCHIATRIC HISTORY (Include prior episodes, dates, symptoms, treatment and response to treatment for mental health problems)

medication, and diagnosis if known

*Redacted*

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